

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 786824	RECEIPT DATE:	03 / 09 / 01
IA NUMBER:	PCT/ DE99 / 02811	IA FILING DATE:	09 / 04 / 99
FAMILY NAME:	STROHBECK	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	WALTER	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 / 09 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	10191/1739	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER: 026646	TELEPHONE	2124257200
		FAX	2124255288
NAME:	KENYON & KENYON		
STREET:	ONE BROADWAY		
CITY:	NEW YORK		
STATE/COUNTRY:	NY	ZIP:	10004
EMAIL:			
APPLICATION TITLES:			
KEY VERIFICATION METHOD			

TAB TO LAST POSITION,PUSH SEND